

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**Application to Request Reasonable Accommodation of Religious Observance or Practices****Section B****Initial Response to Request for an Accommodation of Religious Observance or Practice
(To be completed by DRA)**

Name of Employee:

We have reviewed your application for an accommodation.

☐ Your request has been approved.

Comments:

☐ No decision has been made at this time. We will continue to assess your request. The DRA will contact you within the next two weeks.

Comments:

DRA Signature:	Date:
DRA's name:	

The employee should retain a copy of this form. The original is filed by the *DRA*.